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NUTRITION COMMITTEE NEWS

For exchange of
information on
nutrition education and
school lunch activities

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NUTRITION AND FOOD SERVICE ACTIVITIES IN DAY CARE PROGRAMS

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Today, more and more children are being cared for during the day away from their own homes. Trained personnel, concerned with promoting the physical, mental, and emotional welfare of children, have observed the trend and have worked diligently to cope with the accompanying problems, some of which are nutritional.

Some of our readers have expressed an interest in the contributions that nutritionists have made to these efforts. In this issue of NCN, we describe such activities in several parts of the country.

We are indebted to Miss Gertrude Hoffman, Specialist on Homemaker and Day Care Services, Children's Bureau, for delineating the overall problem and for providing background information; and to Mrs. Helen Hille, Nutrition Consultant, also of the Children's Bureau, for her help in locating and securing reports of nutritionists' work.

THE OVERALL PROBLEM

Facilities Available

Day care center—for our purposes—refers to any establishment that provides care during the day for groups of children.

Some centers are sponsored by public or voluntary community agencies or organizations. There are also a vast number of day care centers privately operated for profit.

The number and quality of services provided varies greatly. Many of these centers do not have professionally trained staff and must depend on consultative help from State or local agencies.

Licensure

Not all States require operators of day care centers to be licensed. Most States that do require licensure place the responsibility for administering the ruling with the Department of Public Welfare.

It is extremely difficult, with limited staff, to make sure

that every small operator is licensed. There is great variation in the standards for licensure from State to State and in the interpretation of standards within States.

Nutritional Problems

Many children attending day care centers must have a very early breakfast. Unfortunately, too many arrive without a morning meal. If these children are to remain in the center 6 to 8 hours or more—a midmorning snack will not take the place of an adequate breakfast.

It is difficult to set up specific standards for meals because the hours per day children remain may vary greatly—from 2 to 3 to as many as 10. Trained workers recommend that the proportion of the child's nutritional needs provided be based on the number of hours he remains.

Day care facilities operated for a profit are often managed by persons with little or no training in nutrition or child care. Even when the operators can be reached—and provided with desirable standards—they need help to interpret them.

Furthermore, centers are often operating on limited food budgets, especially in low-income communities. If desirable food standards are met, profits may be reduced or even erased unless inservice education in food selection and money management is provided.

CONTRIBUTIONS BY NUTRITIONISTS

Reports from many parts of the country indicate that nutritionists everywhere are faced with the same basic problems in dealing with day care centers.

In most instances, general materials must be adapted to meet local needs. The contributions nutrition workers can make are limited by (1) staff time that can be allocated—there are many problem areas and too few trained nutritionists, (2) extent of cooperation of workers in allied

fields, and (3) availability of funds for preparation of suitable materials. Despite these serious limitations, nutritionists have made important contributions.

Development and Interpretation of Standards

In 1960, The Child Welfare League of America published suggested standards for care of children in day care programs. These were based on some 40 years of observation and experience. Children's Bureau Publication 386, also issued in 1960, "Food for Groups of Young Children Cared for During the Day," by Helen M. Hille, sets forth suggested nutritional standards for day care facilities. Both publications have been useful to State groups in developing their own standards. Nutritionists have contributed both in the development and interpretation of such standards.

OKLAHOMA. — The preparatory work for the 1960 White House Conference on Children and Youth revealed a need for an increased number of desirable day care centers in Oklahoma. Besides additional facilities, improved standards for child care were needed. Therefore, a program under the supervision of the Director of Maternal and Child Health, Oklahoma State Department of Health, was begun in the spring of 1960.

A program was planned as follows: (1) Preparation of an index or directory of child care facilities in the State. (2) Compilation of existing local ordinances for licensure of homes and institutions caring for children. (3) Development of State standards. (4) Stimulation of public interest and cooperation. (5) Development of a long-time plan or an on-going program.

Since good nutrition is an important part of good child care, the nutrition consultant of the State Department of Health was included in the planning from the beginning. She attended advisory meetings and participated in regional meetings. She also served with other State agency workers as a consultant to the Sub-committee on Standards.

If realistic nutrition standards were to be developed for all types of facilities caring for children in several different age groups, considerable information concerning food practices, money allowances, and educational background of personnel would be needed. Testing of standards would also be necessary. It was decided to work first on standards for 3-to-5 year olds.

The Oklahoma Dietetics Association was contacted. The instructor in child nutrition, Oklahoma State University, and the dietitian of Children's Memorial Hospital, University Medical Center, Oklahoma City, also agreed to cooperate. Other members, especially mothers of preschool children, became interested and worked on the project set up under the sponsorship of the community nutrition sec-

tion of the association.

Tentative nutrition standards were developed which are consistent with those recommended in Children's Bureau Publication 386. A tentative pattern for the noon meal and for snacks was also worked out as a guide for persons working with centers, rather than as a requirement for centers to meet.

Information about current practices continues to accumulate and some testing of standards has been possible. Plans are in the making for an educational program based on the nutritional needs of children, local family food patterns, and the need for training of personnel in food selection and preparation. Although the task appears formidable and the surface has been only "scratched," some practical guidance for day care center operators has been developed.

CHICAGO. — Nutritionists have provided guidance to day care centers in Chicago for many years. The earliest services were given by nutrition workers of the Elizabeth McCormick Memorial Fund and the Infant Welfare Society. Later, Chicago Board of Health nutritionists took over on a limited basis.

Minimum standards for day nurseries were set up in 1943. These standards were incorporated into "Rules and Regulations for the Conduct of Day Nurseries in the City of Chicago" and put into effect in 1947, revised in 1958, and are again under revision. Board of health nutritionists participated in the writing and revision of these rules and regulations. At present, advice on food service problems is given to operators by board of health nutritionists.

TEXAS STATE NUTRITION COUNCIL. — In response to a request made in 1954 by the Director of the Child Welfare Division, Texas State Department of Public Welfare, the Texas State Nutrition Council formed a committee to work on standards for feeding young children in group care facilities licensed by the Child Welfare Division.

This *ad hoc* committee was particularly well suited for the work to be done because it was made up of representatives from many disciplines concerned with problems of food service, such as social work, child development, public health nursing, adult homemaking education, dietetics, nutrition, school lunch, and day care. The committee decided to limit its work to one phase of group care — day care in centers with emphasis on children 2 to 6 years of age.

The committee divided into two work groups. One group collected and reviewed available guidance materials from many sources. Suitable materials were assembled into kits and introduced in a workshop session and then were distributed to local public health nursing staffs working with

State and local welfare departments in the day care program.

The second work group developed a "Daily Menu Planning Sheet for Directors of Day Care Centers" and a companion booklet, "Daily Menu Planning Guide for Texas Day Care Centers Serving One Meal and Morning and Afternoon Snacks." These guides, planned for use of day care center workers, were based on National Research Council recommended allowances for young children. The meal and snacks will meet one-half the daily allowance for 4 to 6 year olds.

A "Day Care Center Meal Observation Sheet" was also designed to assist licensing workers in evaluating day care center programs.

A list of names and locations of persons working in the fields of food and nutrition and child development was also compiled. From this list welfare workers could find competent consultants to assist with specific problems in their own localities.

The combining of skills of the several professional groups represented resulted in materials that were more meaningful and useful than those any one group probably would have produced.

Those who worked on the committee believe that more was achieved than the production of guidance materials. Working together on a common problem provided opportunities for increased understanding of functions, objectives, procedures, and problems of the several groups and of the Texas State Nutrition Council. The Nutrition Council now has a standing committee on nutrition and feeding of children. The 1962 chairman is a State Department of Health nutritionist.

Nutrition Education

From reports received, nutritionists throughout the country agree that operators of child care facilities need help in interpreting nutritional standards in terms of meals and snacks that can be prepared within the limitations of food budgets and that children will eat.

Shortages of staff limit the ability of nutritionists to work directly with operators on a continuing basis. Nutritionists have assisted in (1) developing and conducting various types of inservice education for operators such as courses, institutes, and workshops, (2) providing workers in allied fields with information and materials for their use in working with staff in centers, and (3) adapting materials to meet specific needs in local situations.

Courses. — Although *GEORGIA* has no State legislation on the licensing of day care centers, an interagency committee made up of representatives from the State Departments of Health, Education, and Welfare has been actively concerned with the improvement of day care serv-

ices. This committee developed "Desirable Standards for Day Care Facilities in Georgia."

This committee, in cooperation with the University of Georgia staff, made plans to offer two courses of instruction on desirable day care services.

First, a 3-week course on how to interpret day care standards was designed and offered to interested persons who had some previous education and an interest in day care. This education course carries graduate credit. The second course, 60 instructional hours over a 9-month period, is now being taught to day care personnel in 13 counties in Georgia by graduates of the first course.

The Georgia Department of Public Health and a small grant from the National Institute of Mental Health provided funds to help defray expenses of the teacher education course. The University of Georgia's Continuing Education Program allocated funds for salaries of teachers of the 9-month course.

The section on nutrition in the teacher education program included a brief discussion of key concepts of nutrition and food management that should be emphasized in teaching day care personnel — based on the recommendations set forth in Children's Bureau Publication 386.

Possible resource persons in the community were listed who might help these teachers plan and present various aspects of the work in terms of local conditions.

The teacher-education course was given first in the summer of 1961. The graduates are now presenting the second course for the first time. Undoubtedly evaluation of these efforts will suggest revisions in content or time allocations for some topics.

This project appears to have a good potential for helping day care staff members provide adequate care for the children. Workers from several disciplines, including nutrition, contributed to the development of this approach.

Institutes and workshops. — Nutritionists report that they can provide some help by conducting institutes and workshops. Some are held at regular intervals for the purpose of generally interpreting standards, others are conducted as the need arises; and still others are conducted in cooperation with workers in allied fields to consider the whole problem.

For example, nutritionists with the *INDIANA* State Board of Health hold annual nutrition institutes in the branch office areas of the State. Topics covered include menu planning, sanitation, nutritional needs of children and how to meet them, and food habit formation or modification. Both food and equipment demonstrations are also often included. Meetings are held with the personnel of individual day care centers if persistent problems arise.

The Chief Supervisor, *RHODE ISLAND* Child Welfare

Services, requested assistance of the Nutrition Consultant, Rhode Island State Department of Health, on menu planning and food services in day care centers. Observation revealed that many centers were serving "skimpy" meals. Operators cited budget limitations and current food prices as the cause. However, observation also revealed that if federally donated foods were used to advantage, food budgets would permit larger purchases of meats, fruits, and vegetables.

A workshop was planned which featured a demonstration and tasting party using federally donated foods. This provided an opportunity to discuss children's nutritional needs by emphasizing how the commodities contribute to the recommended daily pattern.

Administrators received a copy of Children's Bureau Publication 386, which was discussed in the course of the meetings. In addition, the Providence Gas Company mimeographed, compiled, and distributed the recipes demonstrated. The Providence Journal-Bulletin gave the program good coverage. A followup meeting is tentatively planned for the spring of 1962.

In *MARYLAND*, a workshop was held for 23 directors of day care centers in one county. The purpose of the meeting was to explore the health needs of children in day care programs as a basis for planning a series of later meetings. The disciplines represented for consultation were nursing, health education, sanitation, and nutrition.

Some children are in centers from 7 a.m. to 5:30 p.m. Their ages range from 2 to 5 years. Several problems were discussed that warrant further attention at contemplated meetings. The nutritional problems were as follows: (1) How to meet needs of children who have no breakfast or a very early one. (2) How to provide adequate noon meals on limited budgets that children will enjoy. (3) Importance of snacks especially for those who spend many hours daily in centers. (4) How to keep parents informed of menus served to coordinate with family meals.

Materials.—Nutritionists are constantly developing materials or adapting available ones to meet local needs. Often basic nutritional concepts need to be expressed in terms of what kind and how much food to serve.

For example, in *FLORIDA* nursery schools, operated largely by untrained persons, the following problems came to light: (1) Inadequately balanced meals, heavy on "starchy" foods and with little variety, were being served to children in most facilities. (2) Poor selection of snacks

interfered with the acceptance of a "full meal." (3) Children were not accepting enough of the foods served to them. (4) Many operators had poor buying habits, were improperly storing foods, and were not using safe food-handling techniques.

A "Food Service Manual for Nursery Schools" was prepared which gives emphasis to basic principles of child feeding, a daily food guide, menu planning, food purchasing, and sanitation.

Each topic was handled briefly in simple language, well laced with realistic suggestions for the application of basic principles. The manual has been well received.

In *TENNESSEE*, welfare workers found that the practical interpretation of nutritional standards was poorly understood. Nutritionists of the State Department of Health offered technical assistance to the Department of Public Welfare which was accepted. Visits to a selected group of child care centers revealed the following problem areas:

(1) Operators wanted recipes for groups of 10 to 50 or more, which required a minimum of ingredients, utensils, and time. (2) The use of commodities should be consistent with local cultural food patterns. (3) Cooks need to know how many cups, tablespoons, or slices to serve.

"Menu Suggestions and Recipes for Child Care Centers" was prepared by the child welfare consultants and the public health nutritionists. It was a supplement to Children's Bureau Publication 386 to meet the needs of day care centers in Tennessee.

The Department of Public Welfare produced and distributed copies to every day care center in the State.

IN CONCLUSION

Authorities on child development continue to recommend that, in general, the physical, mental, and emotional development is best fostered when children are cared for in their own homes under the direct supervision of their parents. The fact remains, however, that each year more children spend many hours each week in day care centers under the supervision of adults who may or may not be qualified to provide for their general well-being.

Since it seems unlikely that the trend will reverse itself, nutritionists must be ready to give some practical help at least to workers in allied fields—limited, of course, by their obligation to the major responsibilities of their own agencies—if the next generation is to be equipped to cope with a new and constantly changing world.